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Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/604,474 | FILING DATE<br>06/27/2000<br><br>RULE | CLASS<br>362 | GROUP ART UNIT<br>2875 | ATTORNEY<br>DOCKET NO.<br>LD 11114 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NOT AT*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NOT AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/12/2000

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature <i>Dr</i> Initials | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Flashlight with light emitting diode source

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|----------------------------|---|---|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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